

HISTORY FACILITY PROFILE

SOUTH VALLEY HEALTH CENTER PROVIDER #: 465108 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 3706 WEST 9000 SOUTH PHONE NUMBER: (801) 280-2273 TOTAL: 120
 WEST JORDAN UT 84088 PARTICIPATION DATE: 02/09/1987 CERTIFIED: 120 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

RESIDENT CENSUS ON 01/16/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 120	
-----		-----		-----	
TOTAL:	90	ADMISSION SUSPENDED:		18	18/19 19 ICF/MR
MEDICARE:	16	SUSPENSION RESCINDED:		--	-----
MEDICAID:	37				
OTHER:	37				120

CURRENT SURVEY REVISIT DATES - 05/07/2002 04/17/2002 03/14/2002

PRIOR 3 SURVEY 06/1998	S/S CODE	PRIOR 2 SURVEY 07/1999	S/S CODE	PRIOR 1 SURVEY 10/2000	S/S CODE	CURRENT SURVEY 01/16/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
				X	E	X C	D	02/06/2002	REQ F0176-SELF-ADMIN OF DRUGS IF DEEMED SAFE
						X C	D	05/07/2002	REQ F0203-PROPER NOTICE BEFORE TRANSFER/DISCHARGE OF RES
						X C	D	05/07/2002	REQ F0206-RETURN OF RES TO FACILITY AFTER BED-HOLD DAYS EXP
						X C	J	05/07/2002	REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
						X C	L	05/07/2002	REQ F0226-POLICIES, PROCEDURES PROHIBIT ABUSE, NEGLECT
						X C	E	03/01/2002	REQ F0241-DIGNITY
						X C	E	04/17/2002	REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT
X	B								REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
X	D								REQ F0272-COMPREHENSIVE ASSESSMENTS
				X	D				REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
						X C	H	02/27/2002	REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
		X	E			X C	G	05/07/2002	REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
						X C	E	02/01/2002	REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
						X C	E	02/01/2002	REQ F0328-PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS
X	D					X C	H	02/27/2002	REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
						X C	F	04/17/2002	REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
						X C	E	02/20/2002	REQ F0360-FACILITY MUST PROVIDE RESIDENT W/APPROPRIATE DIET
						X C	E	02/20/2002	REQ F0361-EMPLOYMENT OF A QUALIFIED DIETITIAN
				X	E	X C	F	02/27/2002	REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
		X	E	X	E	X C	F	02/22/2002	REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
						X C	E	02/01/2002	REQ F0367-THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN
X	E					X C	F	02/27/2002	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
						X C	F	02/22/2002	REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT
						X C	E	02/01/2002	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
						X C	L	05/07/2002	REQ F0463-RESIDENT CALL SYSTEM
						X C	L	05/07/2002	REQ F0490-FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST
						X C	E	04/17/2002	REQ F0492-COMPLIANCE WITH FEDERAL/STATE/LOCAL LAWS/PROF STD
						X C	E	04/17/2002	REQ F0495-COMPETENCY OF NURSE AIDES WHO WORKED LESS THAN 4
						X C	E	04/17/2002	REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
		X	E			X C	G	02/14/2002	REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
				X	E				REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS
						X C	L	05/07/2002	REQ F0518-TRAIN EMPLOYEES, EMERGENCY PROC/DRILLS
									REQ F0521-QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLAN

EDITION OF LSC APPLIED				PLAN/DATE	LSC DEFICIENCIES - BLDG NO. 01
85 NEW	85 NEW	85 NEW	85 NEW	OF CORRECTION	
PRIOR 3	PRIOR 2	PRIOR 1	CURRENT		
SURVEY	SURVEY	SURVEY	SURVEY		
05/1998	05/1999	08/2000	01/03/2002		
		X	X C	02/15/2002	K0018-CORRIDOR DOORS
X		X	X C	02/15/2002	K0038-EXIT ACCESS
	X		X C	02/15/2002	K0050-FIRE DRILLS
	X				K0054-SMOKE DETECTOR MAINTENANCE
X					K0059-WATER FLOW DEVICE
		X	X C	02/15/2002	K0064-PORTABLE FIRE EXTINGUISHERS
			X C	02/15/2002	K0069-COOKING EQUIPMENT
		X	X C	02/15/2002	K0076-MEDICAL GAS SYSTEM
			X C	02/15/2002	K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
-----	-----	-----	-----	-----
CONDITION	0	0	0	0
REQUIREMENT	24	5	3	4
HEALTH TOTAL	24	5	3	4
LIFE SAFETY CODE	7	4	2	2
LIFE SAFETY CODE + HEALTH	31	9	5	6

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
-----	-----
09/23/2002	UNSUBSTANTIATED
10/08/2002	UNSUBSTANTIATED
10/28/2002	SUBSTANTIATED
11/05/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT